

05-07-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. FUJY 18.639

First Inventor T. ANDO

Title IP NETWORK SYSTEM HAVING UNAUTHORIZED...

Express Mail Label No. EL522402755US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | |
|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
 <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
 See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 34]
 <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]</p> <p>5. Oath or Declaration [Total Pages 1]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63)
 <i>(for continuation/divisional with Box 18 complete)</i></p> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>
 Signed statement attached deleting inventor(s)
 named in the prior application, see 37 CFR
 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> |
|--|

7. CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. CD-ROM or CD-R (2 copies); or

ii. paper

c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)

11. English Translation Document (*if applicable*)

12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: _____ Examiner _____ Group Art Unit: _____
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **026304** or Correspondence address below
(Leave Customer No. or Attach barcode label here)

Name				
Address				
City			State	Zip Code
Country	/	/	Telephone	Fax

Name (Print/Type)	Samson Helfgott	Registration No. (Attorney/Agent)	23,072
Signature			Date 5/04/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions regarding this burden statement may be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 830.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	T. ANDO
Examiner Name	
Group Art Unit	
Attorney Docket No.	FUJY 18.639

METHOD OF PAYMENT		FEE CALCULATION (continued)					
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES					
Deposit Account Number	08-1634	Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
Deposit Account Name	Helfgott & Karas, P.C.	105	130	205	65	Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		139	130	139	130	Non-English specification	
2. <input checked="" type="checkbox"/> Payment Enclosed:		147	2,520	147	2,520	For filing a request for ex parte reexamination	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid				
101	710	201 355 Utility filing fee	710				
106	320	206 160 Design filing fee					
107	490	207 245 Plant filing fee					
108	710	208 355 Reissue filing fee					
114	150	214 75 Provisional filing fee					
SUBTOTAL (1) (\$ 710)							
2. EXTRA CLAIM FEES							
Total Claims	11.00	Extra Claims -20** =	<input type="text"/>	Fee from below	Fee Paid 18.00 = 0		
Independent Claims	4.00	- 3** =	<input type="text"/> 1.00	x 80.00 =	80		
Multiple Dependent				=			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description					
103	18	203 9 Claims in excess of 20					
102	80	202 40 Independent claims in excess of 3					
104	270	204 135 Multiple dependent claim, if not paid					
109	80	209 40 ** Reissue independent claims over original patent					
110	18	210 9 ** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2) (\$ 80)							
*or number previously paid, if greater; For Reissues, see above							
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40)							

*or number previously paid, if greater; For Reissues, see above

Complete if applicable

Name (Print/Type)	Samson Helfgott	Registration No. (Attorney/Agent)	23,072	Telephone	212-643-5000
Signature			Date	5/04/01	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Any fee due with this paper, not fully covered by an enclosed check, may be charged on Deposit Acc't no. 00-1634